ব N N ¢ 7**4 () () (~J n O ۳., (C) (

Only

FE5AND18

FORM 3

REPORT OF RECEIPTS **AND DISBURSEMENTS**

REGEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

(Revised 02/2003)

For An Authorized Committee						Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: over the	If typing, typines.	ре	12FE4M5		
Dan Coats for Indiana	1	1 1 1 1 1	1 1 1 1	1 1 1 1	1 1 1	1 1 1 1		
	<u> </u>	 				1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 - 1 1 - 1		
		<u> </u>		111.				
ADDRESS (number and street)	P.O. Box 30114	11 !			1 1	!		
Check if different								
than previously reported. (ACC)	Indianapolis		1111			in (46230	
2. FEC IDENTIFICATION I	NUMBER 🔻	CITY			s	TATE A	ZIP CODE A STATE ▼ DISTRICT	
C C00476374		3. IS THIS NEW (N) OR			R E			
4. TYPE OF REPORT (C	Choose One)	(i) 10 D		D 1 (-				
(a) Quarterly Reports:		(b) 12-Day	PRE-Election	on Report fo	r tne:		* - sl	
April 15 Quarterly Report (Q1)			Prima	ary (12P)	ا	General (1	2G) Runoff (12R)	
April 15 Quarterly	Report (QT)		Conv	ention (12C)		Special (1	2S)	
X July 15 Quarterly Report (Q2)			ត្	manana s	्या इ.स.च्या इ		•	
October 15 Quarterly Report (Q3)		Electio	n on 🗓	∙м / 		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	in the State of	
January 31 Year-End Report (YE)		(c) 30-Day	POST-Elec	tion Report f	for the:			
			رِيَّا Gene	eral (30G)		Runoff (30	OR) L_ Special (30S)	
Termination Report (TER)		Electio	n on .	M / D	0 /	কুলক্ষ্যক্ষ কু নাম ক্ষান্ত	in the State of	
5. Covering Period	M / D D / O1	2015	y ! th	nrough	M M M 06	/ SO /	2015	
I certify that I have examined	this Report and to	the best of i	my knowled	ge and belie	f it is true	e, correct and	d complete.	
Type or Print Name of Treasu								
Signature of Treasurer	ouglas Long	p.P.L	ong		_ Da	ate 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of false, erro	oneous, or incomple	ete information	may subjec	t the person	signing th	is Report to t	he penalties of 2 U.S.C. §437g.	
Office							FEC FORM 3	